

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Michael A. Raboine,
Mary E. Raboine**

Case No. 15-31502

Debtors

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	171,120.00		
B - Personal Property	Yes	3	59,125.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		151,830.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	16		86,554.88	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			6,997.44
J - Current Expenditures of Individual Debtor(s)	Yes	4			6,989.90
Total Number of Sheets of ALL Schedules		32			
	Total Assets		230,245.00		
		Total Liabilities		238,384.88	

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Michael A. Raboine,
 Mary E. Raboine**

Case No. 15-31502

Debtors

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	6,997.44
Average Expenses (from Schedule J, Line 22)	6,989.90
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	11,840.32

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		86,554.88
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		86,554.88

In re **Michael A. Raboine,
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Case No. 15-31502

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Homestead real estate located at 256 Lewis Street, Burlington, Wisconsin, 53105; fair market value per 2014 property tax bill is \$186,000 reduced by 8% for the costs of sale	Fee simple	C	171,120.00	146,972.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Michael A. Raboine,
Mary E. Raboine**

Case No. 15-31502

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	C	100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account at Chase Bank	C	2,750.00
		Checking account at Chase Bank (zero balance at filing)	C	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Various household goods and furnishings; no one particular item has an individual value of more than \$575	C	5,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Various artwork	C	500.00
6. Wearing apparel.		Assorted clothing and wearing apparel	C	200.00
7. Furs and jewelry.		Assorted jewelry including wedding rings	C	1,000.00
8. Firearms and sports, photographic, and other hobby equipment.		Assorted firearms and recreational equipment	C	3,000.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance policies (2) with no cash surrender value	C	0.00
10. Annuities. Itemize and name each issuer.	X			
				Sub-Total > 12,550.00
				(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) retirement plan through husband's employer	C	9,500.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Uncollectable judgment against former tenant or no value to the estate	C	0.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		Back child support owed to Wife	C	21,000.00
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		No tax refunds anticipated for 2015 tax year	C	0.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
Sub-Total > (Total of this page)				30,500.00

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 GMC Yukon Denali XL (subject to lien)	C	6,875.00
		2005 Lexus ES 330 (subject to lien)	C	6,200.00
26. Boats, motors, and accessories.		1992 ski boat with trailer	C	3,000.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **16,075.00**
 (Total of this page)
 Total > **59,125.00**

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Homestead real estate located at 256 Lewis Street, Burlington, Wisconsin, 53105; fair market value per 2014 property tax bill is \$186,000 reduced by 8% for the costs of sale	11 U.S.C. § 522(d)(1)	24,148.00	171,120.00
Cash on Hand			
Cash on hand	11 U.S.C. § 522(d)(5)	100.00	100.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking account at Chase Bank	11 U.S.C. § 522(d)(5)	2,750.00	2,750.00
Household Goods and Furnishings			
Various household goods and furnishings; no one particular item has an individual value of more than \$575	11 U.S.C. § 522(d)(3)	5,000.00	5,000.00
Books, Pictures and Other Art Objects; Collectibles			
Various artwork	11 U.S.C. § 522(d)(3)	500.00	500.00
Wearing Apparel			
Assorted clothing and wearing apparel	11 U.S.C. § 522(d)(3)	200.00	200.00
Furs and Jewelry			
Assorted jewelry including wedding rings	11 U.S.C. § 522(d)(4)	1,000.00	1,000.00
Firearms and Sports, Photographic and Other Hobby Equipment			
Assorted firearms and recreational equipment	11 U.S.C. § 522(d)(5)	3,000.00	3,000.00
Interests in Insurance Policies			
Term life insurance policies (2) with no cash surrender value	11 U.S.C. § 522(d)(7)	100%	0.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
401(k) retirement plan through husband's employer	11 U.S.C. § 522(d)(12)	9,500.00	9,500.00
Alimony, Maintenance, Support, and Property Settlements			
Back child support owed to Wife	11 U.S.C. § 522(d)(10)(D)	21,000.00	21,000.00
Automobiles, Trucks, Trailers, and Other Vehicles			
2003 GMC Yukon Denali XL (subject to lien)	11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)	3,675.00 291.00	6,875.00
2005 Lexus ES 330 (subject to lien)	11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)	3,675.00 576.00	6,200.00
Boats, Motors and Accessories			
1992 ski boat with trailer	11 U.S.C. § 522(d)(5)	3,000.00	3,000.00
		Total: 78,415.00	230,245.00

0 continuation sheets attached to Schedule of Property Claimed as Exempt

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Best Case Bankruptcy

In re **Michael A. Raboine,
Mary E. Raboine**

Case No. 15-31502

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband Wife Joint or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL				UNSECURED PORTION, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED		
Account No. xxxxx0144	C	Opened 7/25/14 Non-Purchase Money Security 2003 GMC Yukon Denali XL (subject to lien)					
Landmark Credit Union 5445 S Westridge Dr New Berlin, WI 53151		Value \$ 6,875.00				2,909.00	0.00
Account No. xxxxxxxxxx3600		Opened 1/21/09 Mortgage Homestead real estate located at 256 Lewis Street, Burlington, Wisconsin, 53105; fair market value per 2014 property tax bill is \$186,000 reduced by 8% for the costs of sale					
Pennymac Loan Services 6101 Condor Dr Moorpark, CA 93021	Value \$ 171,120.00					146,972.00	0.00
Account No. xxxxxxxxxxxxxx2056	C	Opened 11/14/12 Non-Purchase Money Security 2005 Lexus ES 330 (subject to lien)					
Springleaf Financial Services 5739 75th St Kenosha, WI 53142		Value \$ 6,200.00				1,949.00	0.00
Account No.		Value \$					
0 continuation sheets attached		Subtotal (Total of this page)				151,830.00	0.00
		Total				151,830.00	0.00
		(Report on Summary of Schedules)					

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)**■ Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)
Domestic Support Obligations**TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM		
Account No.								
Cristen Chafee 131 Kings Court Burlington, WI 53105-1711	H	Child support Debtor (husband) is current on this child support obligation					0.00	
Account No.							0.00	0.00
Account No.								
Account No.								
Account No.								
Account No.								
Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Total of this page)				<u>0.00</u>	<u>0.00</u>
			Total (Report on Summary of Schedules)				<u>0.00</u>	<u>0.00</u>
							<u>0.00</u>	<u>0.00</u>

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOUR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. xxxxxxxxxxxx8161			Opened 11/15/12			
Applied Bank 660 Plaza Dr Newark, DE 19702	C		Credit card purchases			974.00
Account No.			Legal fees			
Attorney James Pruitt 731 Main Street Racine, WI 53403	C					Unknown
Account No.			Legal fees			
Attorney Peter Ludwig Wanasek Scholze Ludwig Ekes Iselin 133 S. Pine Street PO Box 717 Burlington, WI 53105-0717	C					Unknown
Account No.			Legal fees			
Attorney Tim Daley 155 S. Pine Street Burlington, WI 53105	C					Unknown
Subtotal (Total of this page)						974.00

15 continuation sheets attached

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		2015				
Burlington Area School District 100 North Kane Street Burlington, WI 53105	C	Fees and costs				Unknown
Account No. xxxxxxxxxxxx6861		Opened 1/05/11 Last Active 9/18/15				
Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238	H	Credit Card				399.00
Account No. xxxxxxxxxxxx8823		Opened 10/24/11				
Capital One Bank Usa NA 15000 Capital One Dr Richmond, VA 23238	C	Credit card purchases				536.00
Account No.		Judgment Date: 8/19/2011				
Co-Operative Credit Union 6219 Washington Avenue Racine, WI 53406	C	Judgment Racine Co. Case No. 11-SC-2182				563.50
Account No. xxxxxxxx0940		Opened 7/31/13				
Collect Associates Po Box 465 Brookfield, WI 53008	W	Consumer debt				138.00
Sheet no. <u>1</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,636.50

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx9924		Opened 3/13/15 Consumer debt				
Credit Coll. Po Box 9133 Needham, MA 02494	C					1,395.00
Account No. xxx9254		Opened 11/14/14 Medical services				
Credit Management Cont. Po Box 1654 Green Bay, WI 54305	C					579.00
Account No.		Legal fees				
Dewitt Ross & Stevens, S.C. 13935 Bishop's Drive, Suite 300 Brookfield, WI 53005	C					15,000.00
Account No.		Consumer debt				
DirecTV, LLC 2230 E. Imperial Hwy El Segundo, CA 90245	C					Unknown
Account No.		Consumer debt				
Dish Network, LLC 9601 S. Meridian Blvd. Englewood, CO 80112	C					Unknown
Sheet no. <u>2</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>16,974.00</u>

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	UN L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No.		Judgment Date: 12/24/1997 Judgment Milwaukee Co. Case No. 97-SC-37951				
Dodge City of Milwaukee 4640 S. 27th Street Milwaukee, WI 53221	C					4,804.50
Account No.		Legal fees				
Donald La Fave Mediation LLC 316 5th Street Racine, WI 53403	C					Unknown
Account No.		Judgment Date: 3/6/2006 Judgment Waukesha Co. Case No. 06-SC-515				
Enterprise Credit Union 12700 W. Bluemound Road Elm Grove, WI 53122	C					3,029.14
Account No. xx165A		Opened 9/19/14 Consumer debt				
Falls Collection Svc Po Box 668 Germantown, WI 53022	C					56.00
Account No. xxxxxxxxxxxx4003		Opened 8/04/08 Credit card purchases				
First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104	C					539.00
Sheet no. 3 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			8,428.64

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	UN L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No.		Judgment date: 8/11/2005				
First Wisconsin Lending Inc. 13500 Watertown Plank Road, #106 Elm Grove, WI 53122	C	Judgment Waukesha Co. Case No. 05-SC-2859				916.68
Account No. xxxx2067		Opened 4/06/15				
Focus Mgmt 1130 Northchase Pk Suite 150 Marietta, GA 30067	C	Consumer debt				905.00
Account No.		Judgment Date: 10/13/2005				
Gerry's At Home Carpets, LLC 1014 Cottonwood Court West Bend, WI 53095	C	Judgment Racine Co. Case No. 05-CV-2040				6,340.25
Account No.		Judgment date: 6/14/2010				
MPC Property Management 615 N. Pine Street, #102 Burlington, WI 53105	C	Judgment Racine County Case No. 10-SC-2211				2,887.08
Account No. xxxxxxxxxxxxxxx2334		Opened 12/20/12				
National Account Services 1246 University Av Suite 421 Saint Paul, MN 55104	C	Consumer debt				338.00
Sheet no. <u>4</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>11,387.01</u>

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx3553		Opened 6/24/14 Medical services				
Oac Po Box 500 Baraboo, WI 53913	C					322.00
Account No. xxx2178		Opened 9/02/14 Medical services				
Oac Po Box 500 Baraboo, WI 53913	C					210.00
Account No. xxx5999		Opened 8/01/14 Medical services				
Oac Po Box 500 Baraboo, WI 53913	C					59.00
Account No. xxx9956		Opened 10/01/14 Medical services				
Oac Po Box 371068 Milwaukee, WI 53237	C					33.00
Account No. xxx5951		Opened 7/01/15 Medical services				
Oac Po Box 371068 Milwaukee, WI 53237	C					32.00
Sheet no. 5 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			656.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxx3519		Opened 11/30/14 Medical services				
Optimum Outcomes Inc 2651 Warrenville Rd Ste Downers Grove, IL 60515	C					642.00
Account No. xxx9800		Opened 6/03/15 Medical services				
Prof PI Svc 316 N. Milwaukee S Suite 410 Milwaukee, WI 53202	C					5,130.00
Account No. xxx6889		Opened 5/05/15 Medical services				
Prof PI Svc 316 N. Milwaukee S Suite 410 Milwaukee, WI 53202	C					792.00
Account No. xxx7040		Opened 7/03/15 Medical services				
Prof PI Svc 316 N. Milwaukee S Suite 410 Milwaukee, WI 53202	C					598.00
Account No. xxx4121		Opened 4/03/15 Medical services				
Professional Placement 272 N 12th St Milwaukee, WI 53233	C					6,820.00
Sheet no. 6 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			13,982.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Legal fees				
Rizzo & Diersen, S.C. 3505 30th Avenue Kenosha, WI 53144	C					1,500.00
Account No. xxxx2636		Opened 9/11/14 Medical services				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	C					4,380.00
Account No. xxxx8963		Opened 8/14/14 Medical services				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	C					1,369.00
Account No. xxxx8136		Opened 7/21/15 Last Active 2/01/15 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					666.00
Account No. xxxx8965		Opened 8/14/14 Last Active 8/01/12 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					617.00
Sheet no. <u>7</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>8,532.00</u>

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx8968		Opened 8/14/14 Last Active 1/01/13 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					469.00
Account No. xxxx2496		Opened 6/09/15 Last Active 1/01/15 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					402.00
Account No. xxxx2053		Opened 11/01/13 Last Active 9/29/15 Collection Attorney Waukesha Memorial Ho				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					342.00
Account No. xxxx0376		Opened 11/01/13 Last Active 9/29/15 Collection Attorney Waukesha Memorial Ho				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					318.00
Account No. xxxx8966		Opened 8/14/14 Last Active 8/01/12 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					287.00
Sheet no. <u>8</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,818.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx8969		Opened 8/14/14 Last Active 3/01/13 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					267.00
Account No. xxxx7321		Opened 7/09/14 Last Active 9/29/15 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					191.00
Account No. xxxx4334		Opened 1/02/15 Last Active 5/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					148.00
Account No. xxxx2719		Opened 6/24/15 Last Active 4/01/14 Collection Attorney Waukesha Memorial Ho				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					138.00
Account No. xxxx5676		Opened 1/31/12 Last Active 1/01/11 Collection Attorney Waukesha Memorial Ho				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					137.00
Sheet no. <u>9</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			881.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. xxxx4500		Opened 11/01/13 Last Active 12/01/14 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	H					137.00
Account No. xxxx1573		Opened 9/11/14 Last Active 7/01/13 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					130.00
Account No. xxxx7763		Opened 7/09/14 Last Active 2/01/14 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					129.00
Account No. xxxx4435		Opened 8/18/14 Last Active 3/01/14 Collection Attorney Prohealthcare Medica				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					128.00
Account No. xxxx8970		Opened 8/14/14 Last Active 6/01/13 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					120.00
Sheet no. <u>10</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			644.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx8967		Opened 8/14/14 Last Active 9/01/12 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					116.00
Account No. xxxx2740		Opened 6/24/15 Last Active 8/01/14 Collection Attorney Waukesha Memorial Ho				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					96.00
Account No. xxxx5956		Opened 1/29/15 Last Active 7/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					60.00
Account No. xxxx8964		Opened 8/14/14 Last Active 8/01/12 Collection Attorney Medical College Of W				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					59.00
Account No. xxxx4945		Opened 1/02/15 Last Active 5/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					59.00
Sheet no. <u>11</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			390.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx2865		Opened 1/29/15 Last Active 6/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					59.00
Account No. xxxx4035		Opened 1/29/15 Last Active 6/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					59.00
Account No. xxxx6723		Opened 1/29/15 Last Active 8/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					59.00
Account No. xxxx3566		Opened 2/03/15 Last Active 8/01/14 Collection Attorney Aurora Medical Group				
State Collection Servi 2509 S Stoughton Rd Madison, WI 53716	W					59.00
Account No. xxxx9640		Opened 12/27/14 Medical services				
State Colls. Po Box 6250 Madison, WI 53701	C					215.00
Sheet no. <u>12</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				451.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
Aurora Health Care, Inc. 3305 W. Forest Home Avenue Milwaukee, WI 53215-2843		Representing: State Colls.				Notice Only
Account No. xxx6717		Opened 10/03/14				
The Stark Collection Agency 6425 Odana Rd Madison, WI 53719	C	Consumer debt				424.00
Account No.		Consumer debt				
Time Warner Cable Enterprises, LLC 60 Columbus Circle New York, NY 10023	C					Unknown
Account No. xxxx6796		Opened 6/30/07				
U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244	W	Student loan				6,551.00
Account No. xxxx4674		Opened 6/30/07				
U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244	W	Student loan				3,710.00
Sheet no. 13 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			10,685.00

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx4671		Opened 3/20/08 Student loan				
U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244	W					2,653.00
Account No. xxxx6797		Opened 3/20/08 Student loan				
U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244	W					2,632.00
Account No.		Judgment date: 12/9/2010 Judgment Racine County Case No. 10-SC-5131				
Waukesha Memorial Hospital 725 American Avenue Waukesha, WI 53188	C					3,047.73
Account No.		Representing: Waukesha Memorial Hospital				Notice Only
McDorman Law Office 2901 W. Beltline Hwy, Suite 302 Madison, WI 53713						
Account No.		Medical services				
Waukesha Memorial Hospital 725 American Avenue Waukesha, WI 53188	C					Unknown
Sheet no. <u>14</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>8,332.73</u>

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Medical services				
William H. Basil DDS 222 Adams Street Burlington, WI 53105	C					Unknown
Account No. xxxxxx9769		Opened 9/05/08				
Wis. Electric / WE Energies Attention: Jill Costello P.O. Box 2046, Room A130 Milwaukee, WI 53201	H	Utilities				783.00
Account No.						
Account No.						
Account No.						
Sheet no. <u>15</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				783.00
		Total (Report on Summary of Schedules)				86,554.88

In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases
 Case 15-31502-gmh Doc 9 Filed 11/12/15

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In re **Michael A. Raboine,
Mary E. Raboine**Case No. 15-31502

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Michael A. Raboine
Debtor 2 Mary E. Raboine
(Spouse, if filing)
United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN
Case number 15-31502
(If known)

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

12/13

Official Form B 6I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Branch Manager</u>	<u>Mortgage Loans Rep.</u>
Employer's name	<u>Inlanta Mortgage</u>	<u>PNC</u>
Employer's address	<u>796 Milwaukee Avenue Burlington, WI 53105</u>	<u>S74W17100 Janesville Road Muskego, WI 53150</u>

How long employed there? May 2011 10/7/2015

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>10,702.90</u>	\$ <u>1,560.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>10,702.90</u>	\$ <u>1,560.00</u>

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 10,702.90	\$ 1,560.00

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**
 5b. **Mandatory contributions for retirement plans**
 5c. **Voluntary contributions for retirement plans**
 5d. **Required repayments of retirement fund loans**
 5e. **Insurance**
 5f. **Domestic support obligations**
 5g. **Union dues**
 5h. **Other deductions. Specify: HSA contribution**

5a.	\$ 2,374.48	\$ 303.53
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 319.74	\$ 0.00
5e.	\$ 837.54	\$ 216.67
5f.	\$ 1,176.00	\$ 0.00
5g.	\$ 0.00	\$ 0.00
5h.+	\$ 537.50	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. style="text-align: right;">\$ 5,245.26

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. style="text-align: right;">\$ 5,457.64

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. style="text-align: right;">\$ 0.00

8b. **Interest and dividends**

8b. style="text-align: right;">\$ 0.00

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. style="text-align: right;">\$ 0.00

8d. **Unemployment compensation**

8d. style="text-align: right;">\$ 0.00

8e. **Social Security**

8e. style="text-align: right;">\$ 0.00

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify:

8f. style="text-align: right;">\$ 0.00

8g. **Pension or retirement income**

8g. style="text-align: right;">\$ 0.00

8h. **Other monthly income. Specify:**

8h.+ style="text-align: right;">\$ 0.00

+ \$ 0.00

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. style="text-align: right;">\$ 0.00

style="text-align: right;">\$ 500.00

10. Calculate monthly income. Add line 7 + line 9.

10. style="text-align: right;">\$ 5,457.64

+ \$ 1,539.80

= \$ 6,997.44

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify:

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. style="text-align: right;">\$ 6,997.44

Combined

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Fill in this information to identify your case:

Debtor 1	Michael A. Raboine
Debtor 2	Mary E. Raboine
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN
Case number	15-31502
(If known)	

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes.

Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

2

No

Yes

No

Son

10

Yes

No

Daughter

14

Yes

No

Son

16

Yes

No

Son

17

Yes

No

Son

20

Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,394.00**

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **200.00**

Debtor 1 **Michael A. Raboine**
Debtor 2 **Mary E. Raboine**

Case number (if known) **15-31502**

4d. Homeowner's association or condominium dues
5. **Additional mortgage payments for your residence**, such as home equity loans

4d. \$ **0.00**
5. \$ **0.00**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>225.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>275.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,100.00</u>	
8. Childcare and children's education costs	8. \$ <u>150.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>300.00</u>	
10. Personal care products and services	10. \$ <u>100.00</u>	
11. Medical and dental expenses	11. \$ <u>50.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>275.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>140.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>328.00</u>	
17b. Car payments for Vehicle 1	17b. \$ <u>0.00</u>	
17c. Car payments for Vehicle 2	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6i).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>6,989.90</u>	
Note: Line 22 above includes Debtor Schedule total of \$4,637.00 Plus the attached separate schedule J total of \$2,352.90		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>6,997.44</u>	
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>6,989.90</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>7.54</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

Debtor 1 **Michael A. Raboine**
Debtor 2 **Mary E. Raboine**

Case number (if known)

15-31502

Fill in this information to identify your case:

Debtor 1	Michael A. Raboine
Debtor 2	Mary E. Raboine
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN
Case number (If known)	15-31502

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son	2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	10	
Daughter	14	
Son	16	
Son	17	
Son	20	

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **650.00**

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance

4a. \$ **0.00**
4b. \$ **0.00**

Debtor 1 **Michael A. Raboine**
Debtor 2 **Mary E. Raboine**

Case number (if known) **15-31502**

4c. Home maintenance, repair, and upkeep expenses	4c. \$ 0.00
4d. Homeowner's association or condominium dues	4d. \$ 0.00
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 0.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 0.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 325.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 75.00
10. Personal care products and services	10. \$ 30.00
11. Medical and dental expenses	11. \$ 50.00
12. Transportation . Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 275.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 50.00
14. Charitable contributions and religious donations	14. \$ 235.00
15. Insurance . Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 271.40
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 0.00
15d. Other insurance. Specify: Disability insurance	15d. \$ 90.50
16. Taxes . Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 151.00
17c. Other. Specify: _____	17c. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ 150.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other : Specify: _____	21. +\$ 0.00
22. Your monthly expenses . Add lines 4 through 21. The result is your monthly expenses.	\$ 2,352.90
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ N/A
23b. Copy your monthly expenses from line 22 above.	23b. \$ N/A
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ N/A
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	
Explain: _____	

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Michael A. Raboine**
Mary E. Raboine

Debtor(s)

Case No. **15-31502**
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date October 28, 2015

Signature /s/ Michael A. Raboine
Michael A. Raboine
Debtor

Date October 28, 2015

Signature /s/ Mary E. Raboine
Mary E. Raboine
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Michael A. Raboine**
Mary E. Raboine

Debtor(s)

Case No. **15-31502**
Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$96,461.74	2015 YTD: Husband, Employment income
\$116,746.00	2014: Husband, Employment income
\$131,604.00	2013: Husband, Employment income
\$12,479.00	2014: Wife, Employment income
\$16,398.00	2013: Wife, Employment income

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT STILL OWING
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	-----------------------

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Resurgence Capital LLC vs. Mary Rose; Racine County Case Number 2015SC003008	Small Claims	Racine County Circuit Court, 730 Wisconsin Avenue, Racine, WI 53403	Open

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED		DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
5. Repossessions, foreclosures and returns			
None	<input checked="" type="checkbox"/> List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY	
6. Assignments and receiverships			
None	<input checked="" type="checkbox"/> a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None	<input checked="" type="checkbox"/> b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
7. Gifts			
None	<input checked="" type="checkbox"/> List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
8. Losses			
None	<input checked="" type="checkbox"/> List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS	
9. Payments related to debt counseling or bankruptcy			
None	<input type="checkbox"/> List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.		
NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY	

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Nickolai & Poletti, LLC 308 Milwaukee Avenue Burlington, WI 53105	10/14/2015	\$1,165.00
CCAdvising, Inc. 703 Washington Avenue, Suite 200 Bay City, MI 48708-5769	10/12/2015	\$19.52

10. Other transfers

None	a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE
Unknown person	April 2015
No relationship to Debtors	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Unknown person	2004 GMC pickup truck, sold for full fair market value of \$12,000 through Craigslist
No relationship to Debtors	1995 16 foot fishing boat sold for full fair market value of \$2,800 through Craigslist
Unknown person	2005 Keystone Raptor camper sold through RV Trader for full fair market value of \$19,000, proceeds went to satisfy lien of Landmark Credit Union
No relationship to Debtors	
None	b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None	List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
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NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

12. Safe deposit boxes

None	List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
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NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF
SOCIAL-SECURITY OR
OTHER INDIVIDUAL
TAXPAYER-I.D. NO.
NAME (ITIN)/ COMPLETE EIN

ADDRESS

BEGINNING AND
ENDING DATES

NAME

NATURE OF BUSINESS

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within **six years** immediately preceding the commencement of this case. A debtor who has not been in business within those **six years** should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	--

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date October 28, 2015

Signature /s/ Michael A. Raboine
Michael A. Raboine
Debtor

Date October 28, 2015

Signature /s/ Mary E. Raboine
Mary E. Raboine
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Michael A. Raboine**
Mary E. Raboine

Debtor(s)

Case No. **15-31502**
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,165.00
Prior to the filing of this statement I have received	\$	1,165.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: October 28, 2015

/s/ Anton B. Nickolai

Anton B. Nickolai 1060676

Nickolai & Poletti, LLC

308 Milwaukee Avenue

Burlington, WI 53105

(262)757-8444 Fax: (262)287-9725

anton@nickolailaw.com

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Michael A. Raboine**
Mary E. Raboine

Case No. **15-31502**
Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	Describe Property Securing Debt: 2003 GMC Yukon Denali XL (subject to lien)
Creditor's Name: Landmark Credit Union	

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).

Property is (check one):

Claimed as Exempt Not claimed as exempt

Property No. 2	Describe Property Securing Debt: Homestead real estate located at 256 Lewis Street, Burlington, Wisconsin, 53105; fair market value per 2014 property tax bill is \$186,000 reduced by 8% for the costs of sale
Creditor's Name: Pennymac Loan Services	

Property will be (check one):

Surrendered Retained

If retaining the property, I intend to (check at least one):

Redeem the property
 Reaffirm the debt
 Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).

Property is (check one):

Claimed as Exempt Not claimed as exempt

Property No. 3	
Creditor's Name: Springleaf Financial Services	Describe Property Securing Debt: 2005 Lexus ES 330 (subject to lien)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date October 28, 2015

Signature /s/ Michael A. Raboine
Michael A. Raboine
 Debtor

Date October 28, 2015

Signature /s/ Mary E. Raboine
Mary E. Raboine
 Joint Debtor

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **Michael A. Raboine**
Mary E. Raboine

Debtor(s)

Case No. **15-31502**
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: October 28, 2015

/s/ Michael A. Raboine

Michael A. Raboine

Signature of Debtor

Date: October 28, 2015

/s/ Mary E. Raboine

Mary E. Raboine

Signature of Debtor

Fill in this information to identify your case:

Debtor 1 Michael A. Raboine

Debtor 2 Mary E. Raboine

(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Wisconsin

Case number 15-31502

(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 22A - 1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>11,340.32</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>500.00</u>
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	\$ <u>0.00</u>
Copy here -> \$ <u>0.00</u>		
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	\$ <u>0.00</u>
Copy here -> \$ <u>0.00</u>		
7. Interest, dividends, and royalties		
	\$ <u>0.00</u>	\$ <u>0.00</u>

8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \$ **0.00** \$ **0.00**
10b. \$ **0.00** \$ **0.00**
10c. Total amounts from separate pages, if any. + \$ **0.00** \$ **0.00**

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 11,340.32	+ \$ 500.00	= \$ 11,840.32
---------------------	--------------------	-----------------------

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=> 12a. \$ **11,840.32**
Multiply by 12 (the number of months in a year)
12b. The result is your annual income for this part of the form 12b. \$ **142,083.84**

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. WI
Fill in the number of people in your household. 8
Fill in the median family income for your state and size of household. 13. \$ **116,086.00**

14. **How do the lines compare?**

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.*
Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael A. Raboine

Michael A. Raboine

Signature of Debtor 1

Date October 28, 2015
MM / DD / YYYY

X /s/ Mary E. Raboine

Mary E. Raboine

Signature of Debtor 2

Date October 28, 2015
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Michael A. Raboine
Debtor 2 Mary E. Raboine
(Spouse, if filing)
United States Bankruptcy Court for the: Eastern District of Wisconsin
Case number 15-31502
(if known)

Check one box only as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.

2. There is a presumption of abuse.

Check if this is an amended filing

Official Form 22A - 2

Chapter 7 Means Test Calculation

12/14

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Adjusted Income

1. Copy your total current monthly income. Copy line 11 from Official Form 22A-1 here=> 1. \$ 11,840.32

2. Did you fill out Column B in Part 1 of Form 22A-1?

No. Fill in \$0 on line 3d.

Yes. Is your spouse Filing with you?

No. Go to line 3.

Yes. Fill in \$0 on line 3d.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

No. Fill in \$0 on line 3d.

Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

3a. _____

\$ _____

3b. _____

\$ _____

3c. _____

\$ _____

3d. **Total.** Add lines 3a, 3b, and 3c. _____

\$ **0.00**

Fill in the amount you are subtracting from your spouse's income

Copy total here=>...3d. - \$ **0.00**

\$ **11,840.32**

4. Adjust your current monthly income. Subtract line 3d from line 1.

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 22A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 22A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

8

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$ 3,025.00**

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person **\$ 60**
7b. Number of people who are under 65 **X 8**
7c. **Subtotal.** Multiply line 7a by line 7b. **\$ 480.00**

Copy line 7c here=> **\$ 480.00**

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person **\$ 144**
7e. Number of people who are 65 or older **X 0**
7f. **Subtotal.** Multiply line 7d by line 7e. **\$ 0.00**

Copy line 7f here=> **\$ 0.00**

7g. **Total.** Add line 7c and line 7f **\$ 480.00**

Copy total here=> 7g. **\$ 480.00**

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

Housing and utilities - Insurance and operating expenses

Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 623.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9a. \$ 1,424.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Pennymac Loan Services	\$ <u>1,394.00</u>

9b. Total average monthly payment \$ 1,394.00 Copy line 9b here=> -\$ 1,394.00

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

9c. \$ 30.00 Copy line 9c here=> \$ 30.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 650.00

Explain why: Husband and Wife are separated; Husband pays monthly rent of \$650

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 424.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments

Vehicle 1 **Describe Vehicle 1:** 2005 Lexus ES 330 (subject to lien)

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ 517.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
Springleaf Financial Services	\$ <u>36.11</u>	
	Copy 13b here => \$ <u>36.11</u>	
13c. Net Vehicle 1 ownership or lease expense		

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13c. \$ 480.89 Copy net Vehicle 1 expense here => \$ 480.89

Vehicle 2 **Describe Vehicle 2:** 2003 GMC Yukon Denali XL (subject to lien)

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ 517.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
Landmark Credit Union	\$ <u>53.90</u>	
	Copy 13e here => \$ <u>53.90</u>	
13f. Net Vehicle 2 ownership or lease expense		

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13f. \$ 463.10 Copy net Vehicle 2 expense here => \$ 463.10

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 0.00

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 2,374.47

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 271.40

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 1,176.00

20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. +\$ 75.00

24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. \$ 10,072.86

Additional Expense Deductions These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 777.10

Disability insurance \$ 148.94

Health savings account + \$ 537.50

Total \$ 1,463.54 Copy total here=> \$ 1,463.54

Do you actually spend this total amount?

No. How much do you actually spend?

Yes \$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 150.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 106.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2)..

\$ 235.00

32. **Add all of the additional expense deductions**

Add lines 25 through 31.

\$ 1,954.54

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here => \$ 1,394.00

Loans on your first two vehicles

33b. Copy line 13b here => \$ 36.11

33c. Copy line 13e here => \$ 53.90

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

33d. -NONE- _____

 No Yes \$ _____

33e. _____

 No Yes \$ _____

33f. _____

 No Yes \$ _____

33g. Total average monthly payment. Add lines 33a through 33f

\$ 1,484.01Copy total here=> \$ 1,484.01

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

 No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

Identify property that secures the debt

Total cure amount

Monthly cure amount

-NONE- _____

\$ _____ ÷ 60 = \$ _____

Total \$ 0.00 Copy total here=> \$ 0.00

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

 No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.Total amount of all past-due priority claims \$ 0.00 ÷ 60 = \$ 0.00

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ 500.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x 4.20

Average monthly administrative expense if you were filing under Chapter 13

\$ 21.00 Copy total here=> \$ 21.00

37. Add all of the deductions for debt payment.

Add lines 33g through 36.

\$ 1,505.01

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* \$ 10,072.86

Copy line 32, *All of the additional expense deductions* \$ 1,954.54

Copy line 37, *All of the deductions for debt payment* \$ 1,505.01

Total deductions \$ 13,532.41 Copy total here=> \$ 13,532.41

Part 3: Determine Whether There is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, *adjusted current monthly income* \$ 11,840.32

39b. Copy line 38, *Total deductions* \$ 13,532.41

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

\$ -1,692.09 Copy line 39c here=> \$ -1,692.09

For the next 60 months (5 years) x 60

39d. **Total.** Multiply line 39c by 60 39d. \$ -101,525.40 Copy line 39d here=> \$ -101,525.40

40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$7,475*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$12,475*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

The line 39d is at least \$7,475*, but not more than \$12,475*. Go to line 41.

*Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official form 6), you may refer to line 5 on that form. 41a. \$ _____

X .25

41b. **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(1) \$ _____ \$ _____

Multiply line 41a by 0.25.

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**
Check the box that applies:

Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

- No. Go to Part 5.
- Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
<hr/> <hr/> <hr/>	\$ _____ \$ _____ \$ _____ \$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael A. Raboine
Michael A. Raboine
Signature of Debtor 1
ate October 28, 2015
MM / DD / YYYY

/s/ Mary E. Raboine
Mary E. Raboine
Signature of Debtor 2
ate October 28, 2015
MM / DD / YYYY

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2015** to **09/30/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Inlanta Mortgage**

Year-to-Date Income:

Starting Year-to-Date Income: **\$28,419.80** from check dated **3/31/2015**.

Ending Year-to-Date Income: **\$96,461.74** from check dated **9/30/2015**.

Income for six-month period (Ending-Starting): **\$68,041.94**.

Average Monthly Income: **\$11,340.32**.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **04/01/2015** to **09/30/2015**.

Line 4 - Child support income (including foster care and disability)

Source of Income: **Child support**

Constant income of **\$500.00** per month.